

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>344002</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - AVERY BLDG</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/23/2007</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROUGHTON HOSP</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 S STERLING ST MORGANTON, NC 28655</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 011	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am, the door openings between the business occupancies and health care sections of the following areas are not equipped minimum 1.5 hour rated doors with listed hardware:</p> <p>a. first floor Avery building</p>			K 011			
K 012	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am onward, the floor/ceiling assembly above lower level E-Ward is incomplete. There are many holes exposing open web bar joist above lathe and plaster ceiling. (corridor area)</p>			K 012			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 047	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p>			K 047			
K 051	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>This STANDARD is not met as evidenced by: Based on observation, on August 22, 2007 at approximately 10:00am onward, there is no exit signage to indicate "Not an Exit " at stairway serving first floor - near E-landing.</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p>			K 051			

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K 051	Continued From page 2  This STANDARD is not met as evidenced by: A. Based on observation, on August 22, 2007 at approximately 10:00am onward, utility power to the Edwards fire alarm panel did not have circuit breaker and panelboard identified inside or outside control panel.(Avery South - Ward 3-room beside S-204)  B. Based on observation, on August 22, 2007 at approximately 10:00am onward, the audible signaling(alarm notification) devices did not function in Ward 3.(Avery South)  C. Based on observation, on August 22, 2007 at approximately 10:00am onward, the smoke detector spacing adjacent to corridor smoke barrier exceeded five feet or fifteen feet from end walls and thirty feet center to center allowance throughout corridor at Ward 7.	K 051			
K 067	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: A. Based on observation, on August 22, 2007 at approximately 10:00am onward, the sidewall grille above door opening between J-Ward, and F-Ward is not equipped with a fire damper	K 067			

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K 067	Continued From page 3 assembly. The fire damper must be installed in accordance with the manufacturer's installation instructions.(Avery - North)  B. Based on observation, on August 22, 2007 at approximately 10:00am onward, the duct-mounted smoke detector would not activate the facility fire alarm system.(AHU #24 - Ward 3 -Avery South)	K 067			